

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595561

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			5			
4			0			
5			0			
6			0			
7			0			
8			0			
9			0			
10			0			
11			0			
12			0			
13			/			
14			/			
15			2			
16			0			
17			0			
18			/			
19			/			
20			1			
21			0			
22			0			
23			0			
24			0			
25			0			
26			0			
27			0			
28			0			
29			0			
30			0			
31			0			
32			0			
33			0			
34			0			
35			/			
36			1			
37			2			
38			0			
39			0			
40			/			
41			/			
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45						
46						
47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			39			
TOTAL CLAIMS			45			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						